

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL086002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLONIAL LONG TERM CARE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>340 SNOWHILL DRIVE MOUNT AIRY, NC 27030</b>		
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C 000	Initial Comments  Report of a Biennial Construction Survey by Ed Miller on June 18, 2015.  Records indicates this facility was first licensed or submitted in 1966 as a HA. The facility is currently licensed for 54 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the current 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1958 Edition, of the North Carolina Building Code(s), Institutional Occupancy.  Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on record review, and interview with Assistant Administrator of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on June 18, 2015: a. The Manager indicated that the Annual Fire Alarm Inspection and Testing System Report, in accordance with NFPA 72, was not available for review.	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 132	<p>Bathrooms-Must Provide Privacy</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Findings on June 18, 2015: a. There was no privacy provide at the plumbing fixtures in the Group Bathrooms throughout the facility.</p>	C 132		
C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this</p>	C 148		

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C 148	Continued From page 2  unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on June 18, 2015: a. The handrail was loose near Bedroom 18.	C 148		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to unpleasant environment. Findings on June 18, 2015: a. Bedroom 202 had a strong urine odor that persisted during the Construction Survey. i. Toilet Room between Bedroom 1 and 3,  2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on June 18, 2015: a. Bedroom 9 walls need cleaning. b. The ceiling was stained in the Storage Room in the Dining Room from a past leak. c. In most of the Bedroom Closet on the right there were many spider webs.	C 164		

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C 164	Continued From page 3  3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on June 18, 2015: a. The connection of the commode to the floor was loose in Bathroom near Bedroom 22.  4. Based on Observation, the Building was not kept clean and in good repair, because some building components are broken. This could affect all residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on June 18, 2015: a. The corridor door's kickplate to Bathroom near bedroom 8 had been damaged creating exposed sharp edges.	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not	C 166		

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C 166	Continued From page 4  close completely to contain the fire within the room of origin. Findings on June 18, 2015: a. The HVAC grilles, ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: i. Return in corridor neat Bedroom 5, ii. Ladies (staff) iii. Gentlemen (staff)	C 166		
C 183	Fire Extinguishers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on June 18, 2015: a. Through-out the building, including the "K" extinguisher in the kitchen, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags since being maintained in March 2015.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

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C 185	Continued From page 5  EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Record review and interview with Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on June 18, 2015: 1. There was no documentation of third and fourth quarter rehearsals for the last twelve months. 2. The fire plan rehearsal records provided only a limited description of what the rehearsal involved	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing	C 189		

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C 189	<p>Continued From page 6</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</li> </ol> <p>Findings on June 18, 2015:</p> <ol style="list-style-type: none"> <li>With the Firewall doors closed, the Exit is not visible and on both sides of the Firewall there were no exit signs directing you to exit through the door.</li> <li>The exit sign did not work on backup power when the test button was pushed at the left Living Room Exit.</li> <li>The exit sign from the left corridor into the left Living Room did not have its chevrons graphics directing you to the Living Room exit.</li> <li>The exit sign from the left corridor into the left Living Room was having one a face plate falling off and the tape was not holding.</li> </ol> <ol style="list-style-type: none"> <li>Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</li> </ol> <p>Findings on June 18, 2015:</p> <ol style="list-style-type: none"> <li>The heat detector in Bathroom near Bedroom 10 had what looked like a heat/soot stain and may not function properly.</li> </ol> <ol style="list-style-type: none"> <li>Based on observation, the Building was not maintained in a safe and operating condition,</li> </ol>	C 189		

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C 189	<p>Continued From page 7</p> <p>because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all residents, staff and visitors if walking areas and drives are not properly illuminated, warning of tripping hazards or obstructions.</p> <p>Findings on June 18, 2015:</p> <p>a. The left exit had an exterior light fixture missing its top, making it difficult to keep rain out of the fixture and directing the light to the walking area.</p> <p>b. The front porch had an exterior light fixtures near front door missing its top, and was half full of dead bugs and no light bulb.</p> <p>c. The light fixture was not proving illumination of the Storage Room in Dining.</p> <p>d. The middle light fixture on the front porch was not providing illumination.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.</p> <p>Findings on June 18, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the Nurse Station.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to</p>	C 189		



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C 189	<p>Continued From page 8</p> <p>operate properly when needed. Findings on June 18, 2015:</p> <p>a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2015, there has been no record keeping of the monthly inspections.</p> <p>6. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on June 18, 2015:</p> <p>a. Several portable medical oxygen cylinders were stored standing up not secured to the structure. Locations of specific examples include but are not limited to:</p> <p>i. Laundry,</p> <p>ii. Corridor to Laundry.</p> <p>7. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on June 18, 2015:</p> <p>a. The corridor door to Bedroom 18 had broken veneers that could not support its latch bolt.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Findings on June 18, 2015:</p> <p>a. Bedroom 4 corridor door does not close completely and latch, when using normal closing force.</p> <p>b. Bathroom near Bedroom 8 the corridor door does not close completely and latch, when using normal closing force,</p> <p>c. Linen Closet door near Bedroom 16 was hard to close and latch.</p> <p>d. Bedroom 23 corridor door does not close completely and latch, when using normal closing force.</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside.</p> <p>Findings on June 18, 2015:</p> <p>a. The Ladies (staff) door was equipped with hasp hardware on the corridor side which could allow someone to be locked in this room,</p> <p>b. The game room closet was large enough to step into and was equipped with hasp hardware/padlock which could allow someone to be locked in this space,</p> <p>10. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on June 18, 2015:</p> <p>a. There were gaps around cables that penetrate through the fire-resistance-rated ceiling</p>	C 189		

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C 189	Continued From page 10  assembly Locations of specific examples include but are not limited to: i. Bedroom 21 ii. Bedroom 22, b. Unprotected penetration though the fire-resistance-rated ceiling of the Boiler Room, c. The Front Porch ceiling had unprotected gap around a cable penetration. d. The Storage Room in the Dining Room had a 1 ½ inch hole in fire resistance rated ceiling assembly. e. In the Kitchen around the Hood controls there was a 1/4 inch hole in fire resistance rated ceiling assembly. f. The Supply Closet near bedroom had a 1 inch hole in fire resistance rated ceiling assembly. g. In the Storage Room under the Back Porch near the Kitchen the ceiling was missing in area and had fallen down in other areas. h. The exhaust fan grille did not completely cover the hole through the ceiling at the following locations to include but not limited to: i. Toilet Room between Bedroom 1 and 3, ii. Bathroom near Bedroom 8, iii. Gentlemen Toilet Room (staff) iv. Mop Room i. The exhaust fan grille had dropped and did not completely cover the hole through the ceiling in the Bathroom near Bedroom 12.  11. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained. This would affect all staff, by allowing unsafe conditions to persist. Findings on June 18, 2015: a. There was a "telephone cable" running in the corridor door opening, interfering with the proper closing of the door to the Dining Room. b. The clothes dryer exhaust was missing its	C 189		

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C 189	Continued From page 11  backdraft damper to keep vermin out. c. The resident in Bedroom 21 uses about 20 fee of string to tie the door knob to the handrail when he leaves his room. When he is in the room the string remains hanging on the door knob and someone could lock him in his room.  12. Based on Observation, the facility failed to maintain electrical fixtures in a safe manner. This would affect all residents, staff and visitors by exposing them to equipment in disrepair. Findings on June 18, 2015: a. The globe to the light fixture above the sink was missing at the following locations to include but not limited to: i. Toilet Room between Bedroom 1 and 3,  13. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. Findings on June 18, 2015: a. The shampoo sink in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 189		